

► ESM Client ID:		

Disenro	Ilment Assessme Section 35	ent	Provider ID:			
Questions (Q) marked with ▶ must be completed.		Boxes ma	orked with <b>≭</b> = Refer to	Key at end of form		
Disenrollment Date: / /						
mm dd yyyy						
Disenrollment Reason: Select one						
Completed	Administrative/non-compli	ance	☐ Hospitaliz	ed, mental health/Section12		
Elopement	Hospitalized, medical		Deceased	d		
First Name:	Middle Initial:	Last Name:		Suffix:		
1. Client Code:		► 2. Intake/C	linician Initials: [			
Was client's treatment mandated under Section	on 35? Yes 🔀					
4. Discharge Plan Yes No		► 5. Referred t	to Self Help Yes	□ No		
6. Frequency of attendance at self-help programs (e.g. AA, NA, etc.)	in the last 30 days or since E	nrollment if in t	reatment less than 30 d	lays:		
7. Client Referrals at Disenrollment (Referral #1 Referral #1	is required, Referral #s 2 & 3 ar	e optional)	See manual for wha	at determines a referral.		
	TOOTHUL WZ		Ttorona no			
Number of arrests in last 30 days or since Ent.	rollment if in treatment less th	an 30 days: Sec	ction 35 is NOT an arrest, it	is a civil commitment.		
9. Indicate the Social or Health services provided						
0 = Not Provided 1= Provided by Your Agen	·	Agency 3 = F	Provided by Both Your Agen			
Legal Aid/Services: (e.g. Assistance with Court Prob  Drug Screening (e.g. urine te				Prenatal Care Post-partum Care		
Treatment for Medical Pro	<del></del>			Medication for Withdrawal		
Treatment for Emotional Problem: ( i.e. Psychiatric Prob	<del></del>	B Testing: not sci	reening or assessment (e.g.	. a mantoux test is TB Testing)		
Nicotine Replacement The	erapy			TB Treatment: Medication		
Medication for Medical Pro	bblem	ST	D/STI, HIV, Hep C Testing	: not screening or assessment		
Medication for Emotional Problem: (i.e., Psychotropic I			STD/STI, HIV,	Hep C Treatment: Medication		
Family Planning (e.g. birth control) Not parenting classes – sep				Parenting Classes		
_	cation-Assisted Treatment i.e. Me	tnadone, Buprenoi	rphine (e.g. Suboxone), inje	ctable Naltrexone (e.g. Vivitrol)		
10. Currently receiving services from a state age	ncy: Check all that apply.			7		
None DMH: Dept N	Mental Health	OTA: Food stamp	s, TANF	MCB: Commission for the Blind		
DCF: Dept Children and Families DDS: Dept D	•	DMA: Mass Health		MCDHH: Commission for the Deaf &Hard of Hearing		
DYS: Dept Youth Services DPH: e.g. Hi	V, WIC bstance abuse treatment	MRC: Mass Rehab	pilitation Commission	Other		
► 11. Living arrangement at Disenrollment: "Where	is the client going to live when h	e/she leaves you	ur program?" (Check one	9)		
☐ House or apartment ☐ Institution	Shelter/r	nission	☐ Foster Care	Unknown		
Room/boarding or sober house Group home	e/Treatment	treets	Refused			

Section 35 Disenrollment Assessment Bureau of Substance Abuse Services Page 2 of 3 Version 5 2016 Massachusetts Department of Public Health No 12. Was the client homeless at Intake/Enrollment (whether or not chronic)? If the answer to Q 12 is 'Yes', Question 12a and 12b are required. If the answer to 12 is 'No', skip to Question 13 12a. <u>Detailed</u> Living Arrangement at Disenrollment 12b. Permanence of Living Situation at Disenrollment\* Permanent Transitional Refused Unknown 13. Has there been any drug or alcohol use in the last 30 days or since Enrollment if in treatment less than 30 days? No Yes If the client left treatment unexpectedly, base answer on last face-to-face session. If answer to Q 13 Is 'No', skip to Q 17 If the answer to Q. 13 is 'Yes', please rank substance abuse problems by selecting the CURRENT primary, secondary, and tertiary substance as the current drugs of choice. Rank substances by entering the corresponding letter on the next page - letters A-U. (Neither nicotine/tobacco nor gambling can be a primary, secondary, or tertiary substance). (If no secondary or tertiary substance exists, please leave those questions blank.) Also, please report Frequency of Use in the last 30 days or since Enrollment if in treatment less than 30 days, and Route of Administration for each substance reported. For these fields, enter corresponding code from list on next page. 14b. Frequency of Use 14c. Route of Administration 14a. Primary Substance Yes No 15. Did the client use a Secondary Drug during the last 30 days/since Enrollment? 15c. Route of Administration 15a. Secondary Substance 15b. Frequency of Use Yes No 16. Did the client use a Tertiary Drug during the last 30 days/since Enrollment? 16c. Route of Administration 16a. Tertiary Substance 16b. Frequency of Use Unknown Yes ☐ No Refused 17. Did the client use Nicotine/Tobacco since Enrollment If you answered Yes to Q 17., answer 17a and 17b, 17a. Number of cigarettes currently smoked per day? (Indicate number of cigarettes, not number of packs: 1 pack = 20 cigarettes): If client uses another type of nicotine/tobacco product, mark Zero (0) and go to Q 17b. 01 Yes 02 No 88 Refused 99 Unknown 17b. While in this program, did the client attempt to stop using nicotine/tobacco? Yes If 'No' skip to Q 19, if 'Yes' answer Q 18a. 18. While at your program, did the client receive psychotropic medication? 18a. If yes, specify category(ies) of psychotropic medication taken. (Check all that apply) Anti-depressants Anti-Anxiety Psycho-Stimulants Anti-Psychotics 19. While at your program, did the client receive psychiatric crisis intervention? If 'No' skip to Q 20, if 'Yes' answer Q 19a. 19a. If yes, Specify all psychiatric services received. (Check all that apply.) Psychiatric emergency room services Evaluation by a psychiatrist Assessment by clinical nurse specialist for behavior issues Evaluation by a crisis team 20. While at your program, did the client receive medical intervention? No If 'No' skip to Q 21 if 'Yes' answer Q 20a. 20a. If yes, Specify which types of medical conditions required interventions: (Check all that apply.) ☐ Asthma/Allergies / Respiratory Infections Lice/Scabies / Lyme Cellulitis / skin wound / infections Prenatal/postpartum / GYN care Hypertension/High Blood Pressure Urinary Tract / Bladder Infection Other Seizures ☐ HIV / Hep C / STD Eye/Ear Care Dental Ulcer / Gastric distress

21. Employment status at Disenrollment

Other Hallucinogens Methamphetamine

S

U

Club Drugs

Other

## Bureau of Substance Abuse Services

Massachusetts Department of Public Health

				<b>≭</b> Q	6 Frequen	cy of Atte	ndance	at Self-Help Pro	grams			
Code								Code				
01		No attendance in the past month					05		6-30 times in past month (4 or more times per wk			
02		1-3 times in past month (less than once per week)					06		ome attendance, but frequency unknown			
03		4-7 times in past month (about once per week)					99	Ur	nknown			
04	8-15 times in past month (2 c	or 3 times	per week)		.1							
					<b>≭</b> Q7. R	eferral at	Disenrol	ment				
Code	0 0 0			Code					Cod	le		
00	Change Referral Not Needed that Client Does Not Require I			20	Chang	e Health (	are Profe	essional, Hospita			67 Discontinued	
95	New Referral Not Needed – A Clinical Services Already in Pl	ppropriate		21		Emergency Room		68	R.	Office of the Commissioner of Probation		
96	Change Referral Not Needed	– Appropi		22		OS Progra			0.0	<u> </u>	Office of the commissioner of Frobation	
97	Abuse Clinical Services Alrea Referral Not made – Client Dr			23		Exchang		n	69	<u> </u>	Massachusetts Parole Board	
98	Referral Attempted – Not War			23		ugh 25 Di			70	_	Dept. of Youth Services	
01	Self, Family, Non-medical Pro		EIIL	26				Professional	7	-	Dept. of Fouri Services  Dept. of Children and Families	
02	BMC Central Intake/Room 5	1033101141		20		ugh 29 Di			72		Dept. of Mental Health	
03	ATS/Detox			30				System/College	73		Dept. of Developmental Services	
04	Transitional Support Services	/TSS		31	New R	ecovery H	igh Scho	ol	74		Dept. of Public Health	
05	Clinical Stabilization Services/		D	† <u> </u>		Discontinu			75		Dept. of Transitional Assistance	
06	Residential Treatment	000 0		40		isor/empl		nselor	76		Dept. of Early Education and Care	
07	Outpatient SA Counseling			T		ugh 49 Di			7	-	Mass. Rehab. Commission	
08	Opioid Treatment			50	Shelter				78	3	Mass. Commission for the Blind	
09	Drunk Driving Program			51			eligious C	rganization	79		Mass. Comm. For Deaf & Hard of Hearing	
10	Acupuncture					ugh 58 D			80		Other State Agency	
11	Gambling Program			59	Drug C	ourt			8	1	Division of Medical Assistance/MassHealth	
	12 & 13 Discontinued				60- 63	Discontin	ued					
14	Sober House			64	Prerele	ase, Lega	l Aid, Pol	ice	99	9	Unknown	
	15 Discontinued				65-66	Discontinu	ed					
16	New Recovery Support Cente	r										
17	Second Offender Aftercare											
18	Family Intervention Programs											
19	Other Substance Abuse Treat	ment										
					.8 Employ	ment Stat	us at Dis	enrollment				
Code				Code					Code			
1	Working Full Time			6	Not in Lab				11	_	plunteer	
2	Working Part time			7		Not in Labor Force - Disabled		12		ther		
3	Unemployed - Looking			8		Not in Labor Force - Homemaker		13	Ma	Maternity/Family Leave		
4	Unemployed-Not Looking			9		Not in Labor Force- Other						
5	Not in Labor Force-Studen	t		10		Not in Labor Force- Incarcerated			99	Ur	nknown	
								at Discharge				
1	Emergency Shelter			10	Rental roo		_					
2	Transitional Housing for Homeless 11 Apartment or House that you own.											
3	Permanent housing for former		SS	12								
4	Psychiatric Hospital or Facility			13		iving With Friends						
5	Substance abuse/detox cente	r		14		Hotel/Motel: no emergency shelter voucher						
6	Hospital	_		15	Foster car	<u> </u>		_				
7		ail; Prison or Juvenile Facility  16 Place not meant for habitation										
8 9	Don't know			17	Other							
IJ	Refused				<u> </u>		14- 40					
	<b>★</b> DulmanulCase of the	n./Ta-4!-	. Cubatana Cal	<u> </u>	≠Q	uestions	14a – 160	;		4	Francisco of the	
Α	<b>★ Primary/Secondar</b> Alcohol	ry/Tertiary K	Other Ampheta			1	1	No uso durina	13ct 3U 4		Frequency of Use	
В	Cocaine	I I	Other Stimulant							st 30 days or since enrollment		
С	Crack	M	Benzodiazepine							g last 30 days or since enrollment		
D	Marijuana / Hashish	N	Other Tranquiliz							eek during last 30 days or since enrollment		
E	Heroin	0	Barbiturates	LUI 0						ek during last 30 days or since enrollment the last 30 days or since enrollment		
F	Prescribed Opiates	P	Other Sedatives	s / Hynno	tics				days of since enterminent			
G	Non-prescribed Opiates	Q	Inhalants	. , , , ypi 10		5   UIRIOWII						
Н	PCP	R	Over the Count	er				<u>*</u>	· Ro	ute of Administration		
	Other Hallusinegens	- IX	Club Druge	1 Oral (ewallow a								

Oral (swallow and/or chewing)

Smoking

Inhalation Injection Other

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